# MLML SCUBA DIVING EMERGENCY FLOWCHART

PROTECT YOURSELF & injured person from further harm. Transport victim to a safer location if necessary.



# MLML SCUBA DIVING INJURY PROTOCOL

- 1. Protect yourself and victim from further injury.
- 2. Assess victim, follow EMERGENCY FLOWCHART (page 1)
- 3. Contact EMS and DAN for diving emergencies. US Coast Guard if offshore (VHF 16).
- 4. Administer CPR/First Aid (pages 9-10) and Oxygen (pages 11-12) and treat for shock (page 16) as needed. Begin transport unless EMS recommends otherwise.
  - 1. If a victim is a member of DAN and you are more than 50 miles from campus, you can call 1-800-DAN-EVAC.
  - 2. You can call 911 and request an ambulance.
  - 3. You can use a private or university vehicle.
- 5. Check and monitor victim's dive buddy for any signs or symptoms of DCI.
- 6. If victim is unstable, check and record vital signs every 5 minutes during transport or while awaiting care.
  - 1. Check: Pulse (bpm), respiration rate (bpm)
  - 2. If stable, check and record every 15 minutes.
- 7. Begin filling out **PATIENT INFORMATION** (page 5) sheet to give to EMS.
- 8. If conscious, perform FIELD NEUROLOGICAL EXAMINATION (pages 3-4).
- Contact Diving Safety Officer (Diana Steller: (831) 588-5591 (Cell) or (831) 771-4440 (Office), Supervisor/PI, or member of Diving Emergency Personnel as soon as is practical. See Emergency Telephone Numbers (page 7) sheet.
- 10. Retain victim's diving equipment.
  - 1. Leave gear assembled, turn off air (count number of turns it takes to close valve) and rinse with fresh water (do not exhaust air from reg). Have another person witness this procedure.
  - 2. Label gear with diver's name and pertinent gear information.
  - 3. If gear is given to police or EMS, obtain evidence receipt / chain of custody.
- 11. Gather dive history and other important information, fill out **PATIENT INFO** (page 5) sheet:
  - 1. Take note of any dive data from a computer, depth gauge, timing device, SPG.
  - 2. Get the names, phone numbers, and addresses of any witnesses.
  - 3. DO NOT share ANY information with non-essential personnel.
  - 4. DO NOT assign or speculate about fault.
  - 5. Note time and list first aid procedures initiated.
- 12. Collect victim's personal belongings.
- 13. Arrange for return transportation or any necessary phone calls for victim if needed.
- 14. Complete and submit the following forms to the Diving Safety Officer within 24 hours:
  - 1. For a student, use the following forms:
    - 1. MLML Accident Form
    - 2. NAUI Accident Form (If a NAUI class, pages 23 25)
  - 2. For a staff member or volunteer, use the following forms:
    - 1. MLML Accident Form
    - 2. NAUI Accident Form (if a NAUI class, pages 23 25)
    - 3. Worker's Compensation Packet or Jones Act (if on a boat).
- 15. Contact Environmental Health and Safety (Jocelyn Douglas: (831) 750-9563) and complete a CSU Property / Casualty Loss Report.

# **Neurological Assessment** (Neuro) Page 1 of 2



3

# **History**

Date \_\_\_\_\_ Time \_\_\_\_\_

Injured Person's Name \_\_\_\_\_

# Conduct F-A-S-T (check areas of abnormal findings)

□ Facial Symmetry □ Arms □ Speech/Sudden Headache □ Time \_\_\_\_\_ (activate EMS if any abnormal findings are present)

# Complete S-A-M-P-L-E (note responses in spaces provided)

Signs and Symptoms
Allergies
Medications
Pre-existing conditions
Last oral intake (what and time)
Events leading up to incident

# For Divers:

## Dives during previous 24 hours:

Last dive:	Depth	Bottom Time	Breathing Gas	
------------	-------	-------------	---------------	--

Surface interval \_\_\_\_\_

Surface interval

Surface interval

Previous dive: Depth \_\_\_\_\_ Bottom Time \_\_\_\_\_ Breathing Gas \_\_\_\_\_

Previous dive: Depth \_\_\_\_\_ Bottom Time \_\_\_\_\_ Breathing Gas \_\_\_\_\_

Surface interval \_\_\_\_\_

Previous dive: Depth \_\_\_\_\_\_ Bottom Time \_\_\_\_\_ Breathing Gas \_\_\_\_\_

Previous dive: Depth \_\_\_\_\_\_ Bottom Time \_\_\_\_\_ Breathing Gas \_\_\_\_\_

Unusual features of any dive \_\_\_\_\_

Diver used: Diver Dive Tables Other

Location of any pain \_\_\_\_\_

Notes: (attach dive buddy and/or witness comments) \_\_\_\_\_

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# Neurological Assessment (Neuro) Page 2 of 2



Vital Signs Time Pulse _	Resp	2nd Time	Pulse	Resp
Mental Function				
Consciousness (check one):	Orientatio	on (check err	oneous ans	wers):
□ Alert	What is	your name?		
Verbal	Where a	re you?		
🗅 Pain	🖵 What is t	the day and ti	ime?	
Unresponsive	🗅 Why are	you here?		
Ability to follow commands: "Stick out your tongue and close	your eyes."	Yes	🗅 No	
Ability to repeat a simple phrase: Ex.: "no ifs, ands, or buts"		🖵 Yes	🖵 No	
Name three objects (able to complet	e):	🖵 Yes	🖵 No	
Abstract reasoning (able to explain re Ex.: Father/Son Student/Teach	elationship): her Pencil/Pa	□ Yes per	🗅 No	
Calculations: count backward from 1	00 by 7s (circle r	misses):		
93 86 79 72 65 58 5	51 44 37 S	30 23 16	5 9 2	
Memory (able to recall the three item	is identified earlie	er): 🖵 res		
<b>Cranial Nerves</b> Eyes (circle any direction unable to lo Facial Symmetry "Close your eyes ar Hearing Symmetrical from about 30	ook): Left R nd smile": cm (1 foot):	light Up □ Yes □ Yes	Down I No I No	
Motor Function Scale (note in blank next to area):	Normal (N) Wea	ak (W) Paraly	/zed (P)	
Upper Body Shoulders L	R Lower E	Body Hip Flex	ors L F	۲۲
Biceps L	R	Quadric	eps L	R
Triceps L	R	Hamstri	ngs L	R
Finger spread L	R	Foot – u	ıp L	R
Grip Strength L	R	Foot – c	lown L	R
Coordination and Baland Able to complete: Finger – Nose – Finger: Eyes open: Walk: 🗅 Normal 🗅 Wobbly 🖵	Ce Yes No Unable	Eyes clo Romber	osed: ❑ Yes rg: ❑ Yes	□ No □ No
Exam Repeated				
Time	Comments	6		
Time	Comments	s		
				R R
Emergency Hotline +1	(919) 684-	9111		<b>JAN</b> <sup>°</sup>
		MLI	ML DEMP	2022

# **PATIENT INFORMATION**

# DATE & TIME OF ACCIDENT:

NAME, GENDER & AGE:
CURENT ADDRESS & ZIP:
EMERGENCY CONTACT:
CURRENT MEDICATIONS:
KNOWN ALLERGIES:
KNOWN MEDICAL CONDITIONS:
LOCATION OF ACCIDENT:
NATURE OF ACCIDENT:
SIGNS & SYMPTOMS:
TIME 02/CPR/First Aid STARTED:

# ANY CHANGES IN SIGNS/SYMPTOMS AFTER ONSET OF CARE:

# LAST FOOD/FLUID INTAKE AND DISCHARGE:



Please use the reverse side to document specifics of the incident. Please be sure to include:

(1) Events leading up to incident

(2) Time patient was transferred to EMS/Emergency room care

(3) Statements from dive buddy/other witnesses

# **DEMP** Table of Contents

MLML Scuba Diving Emergency Flow Chart	1
MLML Scuba Diving Injury Protocol	2
DAN Slate: Field Neuro 1	
DAN Slate: Field Neuro 2	4
Patient Information Form	5
Table of Contents	6
MLML Emergency Telephone Numbers (Diving and Small Boats)	7
Missing Diver and Man Overboard Protocols	8
DAN Slate: CPR 1	9
DAN Slate: CPR 2	
DAN Slate: O <sub>2</sub> Components	
DAN Slate: O <sub>2</sub> Kit Assembly	
DAN Slate: HMLI 1 (Assessment, CPR, Shock Management)	
DAN Slate: HMLI 2 (Spines, Envenomation, Contact Injuries)	
DAN Slate: HMLI 3 (Pressure Imob., Traumatic Injuries, Tourniquet)	
DAN Slate: HMLI 4 (Shock, Seafood Poisoning)	
Dive Table: Air	
Dive Table: EAN32	
Dive Table: EAN36	
MOD Tables	
EAD Tables	21
Dive Planner	22
NAUI Incident Report Form	23

# MLML SMALL BOATS & DIVING EMERGENCY TELEPHONE NUMBERS

In any emergency, the correct procedure is to call 911. The following is supplementary information only. It is subject to change.

**<u>BOATING EMERGENCY</u>** – If you are in immediate danger notify the US Coast Guard on CH 16 – see MAYDAY instructions below. If you need assistance and are not in immediate danger contact Small Boat Operations by VHF or phone.

<b>DIVING &amp; BOATING EMERG</b>	ENCY PERSONNEL OF N	<u>ALML</u>
MLML Safety Officer	Jocelyn Douglas	(831) 750-9563 (Cell), (831) 771-4451 (Office)
Marine Operations	Brian Ackerman	(831) 239-2914 (Cell), (831) 771-4134 (Office)
Marine Operations	John Douglas	(831) 254-7024 (Cell), (831) 771-4122 (Office)
Diving Safety Officer	Diana Steller	(831) 588-5591 (Cell), (831) 771-4440 (Office)
Int.Director/DCB Admin.	Ivano Aiello	(831) 419-3892 (Cell, (831) 771-4480 (Office)
DCB Co-Chair	Scott Hamilton	(805) 637-1105 (Cell), (831) 771-4497 (Office)
DCB Co-Chair	Amanda Kahn	(510) 936-2624 (Cell), (831) 771-4426 (Office)
Asst. Lab Director	Kathleen Donahue	(831) 251-4609 (Cell), (831) 771-4405 (Office)
Assistant Dive Safety Officer	Matthew Hess	(831) 717-8469 (Cell), (831) 771-4123 (Dive Ops)
MLML Main Lab Number		(831) 771-4400

# \*\*REMEMBER, all dive accidents must be reported within 24 hours\*\*

DIVING RELATED REFERENCES FOR DIVING EMERG	<b>GENCIES</b>	
Divers Alert Network (DAN) CALL EMS, then DAN before calling any numbers below!		Emergency (919) 684-9111 Non-Emergency (919) 684-2948 Toll Free Non-Emergency 1 (800) 446-2671
Community Hospital of Monterey Peninsula (CHOMP) 23625 WR Holman Highway	Monterey	Emergency 911 Emergency Department (831) 625-4900
Pacific Grove Hyperbaric Facility Meg Donat, Supervisor/Director of PGHC *(Closest chamber)	Pacific Grove	Emergency 911 Meg Donat cell: 831-236-6094
Dominican Hospital 1555 Soquel Dr.	Santa Cruz	(831) 462-7700
Catalina Hyperbaric Chamber (USC) 1 Big Fisherman Cove *(Chamber location)	Catalina Island	Emergency 24hr (310) 510-1053 Primary (310) 510-4020 Chamber (310) 510-4023
LA CO/ USC Medical Alert Center/ USC Medical Center *(Chamber location)	Los Angeles	(323) 409-1000
Northridge Medical Center	Los Angeles	(818) 885-8500
John Muir Medical Center	Walnut Creek	Emergency (925) 939-5800
Saint Francis Hospital *(2 <sup>nd</sup> closest chamber)	San Francisco	Emergency (415) 353-6300

## MARINE DISTRESS COMMUNICATION \*SPEAK: CLEARLY—CALMLY – SLOWLY

1. Tune VHF radio to Channel 16. Select HIGH power.

- 2. Press microphone button and say, "MAYDAY, MAYDAY, MAYDAY."
- 3. Give your **LOCATION** as soon as possible.
- 4. Say "THIS IS your boat name."
- 5. Tell WHERE you are and state the NATURE of your DISTRESS
- 6. Give the NUMBER OF PERSONS aboard and CONDITIONS of any INJURED
- 7. BRIEFLY DESCRIBE your BOAT
- 8. Say, "I WILL BE LISTENING ON CHANNEL 16."
- 9. End message by saying, "THIS IS your boat name OVER."
- 10. Release microphone button and listen. Someone should answer. If they DO NOT, REPEAT CALL.

# **\*\*EMERGENCY CALL-IN SCRIPT\*\***

"I am calling to report a diving-related emergency requiring immediate medical assistance. The victim is a \_\_\_\_(age) year-old \_\_\_\_\_(gender) who is (conscious/unconscious), with the following symptoms...(describe signs and symptoms). We are at the following location...(address, landmarks, etc.) have initiated care (first aid/CPR/O2), and the last vital signs were as follows...(pulse and respirations). We are requesting immediate transport to... (receiving

# facility of choice), via (air/ground) transport.

\*\*Note: DO NOT TERMINATE CALL! The receiving unit will end the call.\*\*

someone on Diving Emergency Personnel list, you

must speak to a person

8. Contact DSO & Diver's Supervisor / PI or

state that you have an Ocean Rescue Situation call via cell phone 911 -- ON LAND call 911 and

# **Basic Life Support:** CPR, AED, FBAO Page 1 of 2



9



# Initial Assessment (adults and children)

- Assess responsiveness and normal breathing
  - Tap the person's collar bone or shoulder and loudly ask "Are you OK?"
  - State your name and your desire to help
- If the person responds, have them remain in the position found or position of comfort
- If unresponsive but breathing normally, place in recovery position
- If not breathing normally, begin CPR
  - Shout for help or send a specific person to activate FMS

# CPR - Adult (one rescuer) Do not delay CPR to wait on an AED or other equipment.

- Use nipple line to find landmark at center of chest for compressions
- Deliver 30 compressions (at least 100-120 per minute)
- Deliver 2 normal breaths, about 1 second each, using barrier device
- Continue CPR cycles of 30:2

## **Two Rescuers**

- One rescuer does chest compressions.
  - Pause compressions for ventilations then immediately resume compressions
- Second rescuer provides rescue breaths
- Switch roles every 2 minutes or after 5 cycles of 30:2

# CPR for Children (one rescuer) Do not delay CPR to wait on an AED or other equipment.

- Begin chest compressions using heel of one hand to about 1/3 chest depth
- After 2 minutes of CPR, call EMS if someone has not already done so

# • If available, use AED as with an adult; use pediatric pads if available

- rescuer performs rescue breaths
- Use same technique as describe above
- One rescuer performs compressions, second
   Compression to ventilation ratio changes to 15:2

# CPR for Infants (one rescuer)

- Assess responsiveness: Tap bottom of foot and loudly ask "Are you OK?"
- Check for presence of normal breathing and a definite pulse (inside upper arm)
- If unresponsive and not breathing normally, begin CPR - Place two or three fingers in the center of the chest between the nipples
- Compress about 1/3 the diameter of the chest; Compression to ventilation ratio of 30:2
- After 2 minutes of CPR, take the infant with you to call EMS if not already done
- If available, use AED placing pads in center of both chest and back (use pediatric pads if appropriate and available)

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# MI MI DEMP 2022

Pause compressions for ventilations

# Basic Life Support: CPR, AED, FBAO Page 2 of 2



# CPR for Infants (two rescuers)

- One rescuer performs compressions, second rescuer performs ventilations
- Compression to ventilation ratio changes to 15:2
- Rescuer performing compressions can switch to hands circling the chest and two thumbs for compressions
- Pause compressions for ventilations

Person	One Rescuer	Two Rescuers	How to Compress	Depth
Adult	30:2 ratio	30:2 ratio	Two hands stacked	5-6 cm (2-2 1/2 inches)
Child	30:2 ratio	15:2 ratio	Heel of one hand or two hands stacked	5 cm (2 inches) or 1/3 chest depth)
Infant	30:2 ratio	15:2 ratio	Two or three fingers (1 rescuer); two thumbs (2 rescuers)	3.5 cm (1 1/2 inches) or 1/3 chest depth)

# Using an AED

- Continue chest compressions while AED is being set up
- Expose and dry the person's chest - Shave off chest hair if necessary
- Turn on the unit, and follow prompts provided by the unit
- Allow AED to analyze heart rhythm

- If the AED indicates "shock advised,"
  - Clear the scene both verbally and visually
     State: "I'm clear, you're clear, all clear";
- Deliver shock when indicated
- Immediately following the shock, resume chest compressions
- Follow prompts of the AED unit

# Foreign Body Airway Obstruction (adults and children) Abdominal Thrusts

- Locate navel and place balled fist, thumb in, against stomach above navel
- Place other hand over fist
- Pull sharply inward and upward until obstruction is released
- If person becomes unconscious, begin CPR starting with compressions

# **Chest Thrusts**

- Stand behind the person, encircling their chest, placing your arms directly under their armpits
- Form a fist and place the thumb side of your fist on the middle of breastbone (avoid the xiphoid process and the margins of the rib cage)
- Place other hand over fist and deliver 5 quick forceful thrusts until obstruction is released
- If the person becomes unconscious, begin CPR, starting with compressions

# **Back Blows**

- Stand to the side and slightly behind the victim
- Support the chest with one hand and lean the victim forward
- Give up to five sharp blows between the shoulder blades with the heel of your hand
- Check to see if each back blow has relieved the airway obstruction
- If the person becomes unconscious, begin CPR, starting with compressions

A combination of techniques maybe needed to remove the obstruction.

# Foreign Body Airway Obstruction (infants)

- Place the infant face down on your forearm, cupping their head with your hand
- Deliver five back blows between the shoulder blades
- Place other forearm over infant, creating a sandwich, and turn infant over, face up
- Deliver five chest thrusts as with CPR
- Alternate infant's position (face-down back blows/face-up chest thrusts) until object is released

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# Oxygen Components



Delivery Device	Flow Rate	Inspired Fraction+
Oronasal mask (pocket mask)	10 lpm	≤ 0.5 <b>−</b> 0.6 (50%−60%)*
Nonrebreather mask	10-15 lpm	≤ <b>0.8 (80%)**</b>
Bag valve mask	15 lpm	≤ 0.9–0.95 (90%–95%)
Demand valve / MTV	N/A	≤ 0.9–0.95 (90%–95%)

\* May vary with respiratory rate

\*\* Less variation with changes in respiratory rate

NOTE: Delivery fractions vary with the equipment and techniques used. This table summarizes various oxygen-delivery systems and potential values of inspired oxygen with their use.

# DAN Oxygen Unit components

- A. oronasal resuscitation mask with oxygen inlet
- B. T-handle
- C. handwheel wrench
- D. pressure gauge
- E. multifunction regulator
- F. constant-flow controller
- G. barbed constant-flow outlet
- H. DISS threaded outlet
- I. demand inhalator valve
- J. intermediate pressure hose
- K. oxygen cylinder and valve
- L. nonrebreather mask
- M. MTV



# WARNING

M

Use of DAN oxygen equipment requires appropriate oxygen provider training
Misuse of this equipment may result in further serious injury or death
Avoid using this equipment without proper training



Contact DAN for information about oxygen training

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Product Code: 351-3250 v5.0

# Oxygen Kit Assembly

# **Oxygen Regulator**

- 1. Place cylinder in upright position
- 2. Check for O<sub>2</sub> washer placement on regulator
- 3. Slide regulator down from the top of the valve and align the two pins to match holes on valve
- 4. Gently tighten T-handle until regulator is snug on valve

# BVM, Demand Valve and Manually Triggered Ventilator

- Attach hose to one of the DISS threaded outlets on the regulator finger tight
- 2. Attach demand or MTV valve to other end of hose also finger tight
- 3. Attach pocket mask to demand or MTV valve
- 4. Attach handwheel wrench to top of valve
- 5. Slowly open valve of O<sub>2</sub> cylinder and listen for gas leaks
  - If a gas leak is detected, turn off valve and check constant flow controller, hoses and O<sub>2</sub> washer
- 6. Slowly open valve one full turn
- 7. Test demand valve or MTV function by inhaling from mask and exhaling away from mask and over-pressure shut off on MTV
- 8. Place mask on injured diver's face and secure with elastic straps to maintain proper seal

# Nonrebreather Mask

- 1. Remove nonrebreather mask from packaging
- 2. Stretch out clear tubing
- 3. Attach end of oxygen tubing to barbed constant-flow outlet
- 4. Attach handwheel wrench to top of valve
- 5. Slowly open valve of oxygen cylinder and listen for gas leaks
  - If gas leaks are detected, turn off valve and check hoses and  $\rm O_{2}$  washer
- 6. Slowly open valve one full turn
- 7. Activate  $O_2$  flow by turning the constant flow controller until it reads 10-15 lpm
- 8. Prime the reservoir bag by blocking the one-way valve until it is full
- 9. Place mask on the injured diver's face, secure with elastic straps and adjust nose clip to maintain proper seal
- 10. Adjust the flow up or down to maintain a reservoir volume of at least 1/3 full during inhalation

Note: All hose connections are hand-tightened; don't use a wrench.

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## First Aid for Page 1 of 4 Hazardous Marine Life Injuries (HMLI)



# Initial Assessment

- Assess responsiveness and normal breathing
  - Tap the person's collar bone and loudly ask, "Are you OK?"
  - State your name and your desire to help
- If the individual responds, have him remain in the position found
- If the person is unresponsive but breathing normally, place them in the recovery position
- If the person is not breathing normally, begin CPR - Shout for help, or send someone to activate EMS

# **CPR** (Do not delay CPR to wait on an AED or other equipment.)

• Deliver 30 compressions followed by two ventilations

# Shock Management

- Place person on their back or in position of comfort
- Consider elevating legs 15-30 cm (6-12 inches) if no neck, spine, or pelvis injuries

# Stings (jellyfish, fire coral, anemones, hydroids)

# Signs and Symptoms (Symptoms may progress rapidly.)

- Pain (can be extreme)
- Muscle cramps (may be severe)
- Welts
- Burning and itching

Maintain normal body temperature

Continue CPR cycles of 30:2

• Deploy AED if available

- Monitor continuously
- Do not give fluids
- Localized redness and swelling
- Blisters (formation may be delayed)
- · Nausea, fatigue, general malaise
- Shock (rare)

# First Aid (Activate emergency medical services immediately if symptoms progress.)

- 1. Inactivate: Irrigate with generous amounts of white household vinegar.
- 2. Wear gloves. Remove tentacles with tweezers.
- 3. Wash/irrigate with seawater or sterile saline, avoid rubbing, and do not use fresh water.
- 4. Treat the symptoms: Manage pain using hot or cold packs, pain medication, topical anesthetic agents and topical anti-inflammatory agents.
- 5. Monitor for allergic reaction and/or infection.
- 6. Treat for allergic reaction if necessary.

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Product Code: 351-3480-1 v3





# Page 2 of 4 First Aid for Hazardous Marine Life Injuries (HMLI)



(lionfish, stonefish, stingrays, seastars/urchins, crown-of-thorns)

# Signs and Symptoms

- Puncture or laceration
- Pain (intense, sharp, stinging)
- Protruding spines and/or tissue damage
- Local swelling
- Blisters

# **First Aid**

- 1. Thoroughly wash area.
- 2. Remove foreign material with tweezers. (Leave stingray spines in place for removal at medical facility.)
- Control any bleeding.
- 4. Manage pain by immersing in hot (nonscalding) fresh water (45°C / 112°F maximum) for 30-90 minutes. (Cold packs may also be used.)

# Contact Injuries (sponges, corals, bristle worms)

# Signs and Symptoms

- Sharp, stinging pain
- Localized redness
- Mild to severe itching
- Swelling

# **First Aid**

- 1. Wash with soap and water.
- 2. Remove foreign material.
  - a. Cellophane tape may help with bristle removal.
  - b. Irrigate to dislodge debris.

- Purple or black skin discoloration (possibly)
- Nausea and vomiting
- Shock (rare)
- Respiratory arrest (rare)
- Cardiac arrest (rare)
- 5. Leave blisters intact.
- 6. Apply topical antibiotic ointment.
- 7. Monitor responsiveness.
- 8. Seek medical evaluation.
- 9. Use antivenin for stonefish, if indicated,
- 10. Monitor for allergic reaction and/or infection.

- Burning sensation, numbness
- Blisters
- Bleeding associated with cuts/scrapes
- 3. Control any bleeding.
- 4. Leave blisters intact.
- 5. Eve contact: Flush with fresh water and seek medical attention.
- 6. Monitor for infection.

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14

# Page 3 of 4 First Aid for Hazardous Marine Life Injuries (HMLI)

# Pressure Immobilization Technique

(sea snake and blue-ringed octopus bites, cone shell envenomations)

## Signs and Symptoms

Symptoms may progress rapidly and vary with type of injury.

- Immediate pain
- Mild swelling and / or redness
- Numbness / changes in sensation

## **First Aid**

- 1. Keep injured person still.
- 2. Wash with soap and water.
- 3. Remove foreign material if present.
- 4. Apply dressing over bite.
- 5. Apply elastic bandage snugly but not excessively tight over the site.
  - Wrap at least 15 cm (6 inches) on either side of the wound if possible.

- Confusion
- Progressive weakness
- · Bleeding associated with cuts / scrapes
- 6. Check for adequate circulation/pulse at fingers/toes (capillary refill).
- 7. Splint affected extremity.
- 8. Use a sling when the wound is on the hand or arm.
- 9. Do not remove until at a medical facility.
- 10. Transport immediately.

(use of a cold pack may slow localized blood flow and spread of venom)

# **Traumatic Injuries**

# (control of external bleeding)

## Signs and Symptoms

- Bites (teeth in wound)
- Severe scrapes

## First Aid

- 1. Wash with soap and water.
- 2. Control bleeding with direct pressure.
- 3. Apply dressing and bandage.
- 4. Seek medical evaluation.
- 5. Monitor for signs of infection.

# Applying a Tourniquet

## (if bleeding is profuse and uncontrolled by direct pressure)

- 1. Apply 2.5-5 cm (1-2 inches) above the wound.
  - Or high and tight on the affected limb.
- 2. Place windlass over the path of the artery.
- 3. Turn windlass until bleeding stops, and secure in place.
- 4. Note "T" or "TK" on injured person's forehead.
- 5. Continue to monitor and provide verbal support.

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Product Code: 351-3480-2 v3





15

# First Aid forPage 4 of 4Hazardous Marine Life Injuries (HMLI)

# Life-Threatening Complications

# Shock

The following are MEDICAL EMERGENCIES. Alert local emergency medical services immediately!

Anaphylatic Shock: Signs/Symptoms (swelling, itching, airway narrowing, respiratory distress)
Assist with any prescribed allergy medications.

- Cardiogenic Shock: Signs/Symptoms (pale, clammy skin; severe shortness of breath; weak pulse)

  Have person lay on their back or in a position of comfort; monitor responsiveness
- Hypovolemic Shock: Signs/Symptoms (pale, clammy skin; confusion; weakness; rapid breathing)
- Control any bleeding; lay person on back or in position of comfort; monitor responsiveness.

# Seafood Poisoning

Symptoms may progress rapidly with tetrodotoxin (TTX) poisoning. Activate emergency medical services immediately if neurological symptoms appear.

## Signs and Symptoms

- Abdominal pain, gastroenteritis
- Nausea, vomiting
- Diarrhea
- Numbness, tingling

- Itching
- Lack of muscle coordination
- Paralysis
- Reversal of hot and cold perception

# First Aid

- 1. Monitor responsiveness.
- 2. Treat for anaphylatic shock if necessary.
- 3. Contact the local poison control center. Save fish or vomitus for analysis if available.
- 4. Seek evaluation from a medical professional when seafood poisoning is suspected.

# Notes: \_\_\_\_\_

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# **AIR DIVE TABLES**

												_				BLE	1:E	ND-	-OF-	DIV	E LE	:116	:K G	iRO	UP			
WAF THE	RNING: SE TAE	EVEN S BLES W	STRICT	F COMI T GUA	PLIANC RANTE	E WITI		E				N	ST De NSW	ART PTH FSW	00		MUM DI (MDT)	VE	<b>00</b> 00	DIVE 1 NUMB	time re Ber Mini	QUIRING JTES RE	DECON	IPRESS AT 5-M	ION ISW STO	P (15-FS	SW)	
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I	NI	TOTAL	NITRC	GEN T	IME							-	15	<b>50≻</b>	9	15	21	28	34	41	48	56	63	71	75		<mark>80</mark> 2	
(L E	ISE THIS ND-0F-	s figur -Dive Le	E TO DE TTER G	ROUP.)	NE							-	18	60≻	7	12	17	22	28	33	39	45	50			<mark>55</mark> 2		
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# TABLE 3: REPETITIVE DIVE TIMETABLE

00 BOLD FACE / BLUE NUMBERS ARE RESIDUAL NITROGEN TIMES (RNT) BOLD FACE / RED NUMBERS ARE ADJUSTED MAXIMUM DIVE TIMES (AMDT). ACTUAL DIVE TIME SHOULD NOT EXCEED THIS NUMBER.

# TABLE 2: SURFACE INTERVAL TIME (SIT) TABLE

TIME RANGES IN HOURS : MINUTES



WARNING: EVEN STRICT COMPLIANCE WITH THESE TABLES WILL NOT GUARANTEE AVOIDANCE OF DECOMPRESSION SICKNESS. CONSERVATIVE SAGE IS STRONGLY RECOMMENDED

**RNT** RESIDUAL NITROGEN TIME

+ADT ACTUAL DIVE TIME

**TNT** TOTAL NITROGEN TIME

(USE THIS FIGURE TO DETERMINE END-OF-DIVE LETTER GROUP)

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n Π

n

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n

PO<sub>2</sub>

msw 

fsw 100 110 



**USE ONLY WITH 32% OXYGEN ENRICHED AIR** 

# TABLE 1 - END-OF-DIVE I FTTER GROUP

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### **TABLE 3 - REPETITIVE DIVE TIMETABLE**

LIGHT FACE / BLACK NUMBERS (TOP) ARE RESIDUAL NITROGEN TIMES (RNT) 00 BOLD FACE / RED NUMBERS (BOTTOM) ARE ADJUSTED NO-STOP REPETITIVE DIVE TIMES. ACTUAL DIVE TIME SHOULD NOT EXCEED THIS NUMBER.

0.5 0.6 0.7 0.8 0.9 1.0 1.1 1.2 1.3 1.4 1.5

  30 33 36

n

RESIDUAL NITROGEN TIME (RNT) EXCEPTION (see rule on reverse)

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**TABLE 2 - SURFACE INTERVAL TIME TABLE** 





VABNING: EVEN STRICT COMPLIANCE WITH HESE TABLES WILL NOT GUARANTEE AVOIDANCE OF DECOMPRESSION SICKNESS, CONSERVATIVE SAGE IS STRONGLY RECOMMENDED

**RNT** RESIDUAL NITROGEN TIME

+ADT ACTUAL DIVE TIME

TNT TOTAL NITROGEN TIME

(USE THIS FIGURE TO DETERMINE END-OF-DIVE LETTER GROUP.)



HIGHEST ATTAINABLE GROUP AT THIS



SHADE INDICATES PO, GREATER THAN 1.4 ATM OR 02 TIME LIMIT EXCEEDED



### TABLE 3 - REPETITIVE DIVE TIMETABLE

LIGHT FACE / BLACK NUMBERS (TOP) ARE RESIDUAL NITROGEN TIMES (RNT)



OVE LEFT TO FIND THE NEXT PRESSURE GROUP

RESIDUAL NITROGEN TIME (RNT) EXCEPTION (see rule on reverse)

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Percent O2	21%	22%	24%	26%	28%	30%	32%	34%	38%	40%
I.0 ata	124	117	104	93	84	77	70	64	58	49
I.1 ata	139	132	118	106	96	88	80	73	67	57
I.2 ata	155	147	132	119	108	99	90	83	77	66
I.3 ata	171	162	145	132	120	110	101	93	86	74
I.4 ata	187	177	159	144	132	121	111	102	95	82
l.5 ata	202	192	173	157	143	132	121	112	104	90
l.8 ata	218	207	187	170	155	143	122	122	113	99
TABLE SHOWS MAXIMUM OPERATING DEPTH FOR BREATHING GASES FROM AIR TO FAN40 FOR INTERMEDIATE OXYGEN FRACTIONS										

			Maximum	<b>Operating De</b>	pth (in msw) f	or Various Ni	trox Mixes			
Percent O2	21%	22%	24%	26%	28%	30%	32%	34%	38%	40%
1.0 ata	38	35	31	28	26	23	21	19	17	15
1.1 ata	42	40	36	32	29	26	24	22	20	17 ·
1.2 ata	47	44	40	36	33	30	27	25	23	20
1.3 ata	52	48	44	40	36	33	30	28	26	22
1.4 ata	57	54	48	43	40	36	33	31	28	25
1.5 ata	61	58	52	47	43	40	36	34	31	27 .
1.8 ata	66	63	57	51	47	43	40	37	34	30
	TABLE S	HOWS MAXIMUN	OPERATING DEF	PTH FOR BREATH	ING GASES FRO	MAIR TO EAN40.	FOR INTERMEDIA	ATE OXYGEN FRA	CTIONS,	
	USE THE	NEXT RICHER M	IX. FRACTIONAL	DEPTHS HAVE BI	EEN ROUNDED D	OWN TO THE NE	XT SHALLOWER	WHOLE NUMBER	. DEPTHS	
	GREATE	R THAN 40 MSW	ARE SHADED DA	RK. MODS FOR T	HE RECOMMEND	ED MAXIMUM EX	POSURE OF 1.4 A	ATA ARE LIGHTLY	SHADED	

Maximum Operating Depth (MOD) Tables

# Equivalent Air Depth (EAD) Tables

	40%		63	92	89	89							82	66		
	39%		61	74	87	100	102	×					85	102		
	38%		60	72	85	98	105		1				88	105	USE THE	S ATA.
	37%		58	71	83	96	108	109					91	109	UMN WOULD	.4 ATA AND 1.6
	36%		57	69	81	92	106	113		1			95	113	CT EANX COL	<b>BETWEEN 1</b>
	35%		55	67	80	92	104	116	117				66	117	<b>1 THE CORRE</b>	S HAVE A PO2
I ISW)	34%		54	66	78	06	102	114	122		1		102	122	TH SHOWN IN	HADED AREA
<u>ueptn (In</u>	33%		53	64	76	88	100	112	123	127			107	127	PTO THE DEP	DIVE TABLE. S
IVAIENT AII	32%		51	63	75	86	<u> 8</u> 6	109	121	132			111	132	ER DIVING UF	<b>WITH AN AIR D</b>
rpa	31%		50	62	73	84	98	107	119	130	137		118	137	MIXES. A DIV	SAME ROW \
	30%		49	60	71	83	94	105	117	128	139	143	121	143	IOUS NITROX	LUMN OF THE
	29%		48	59	20	81	92	103	114	126	137	148	126	149	<b>TH FOR VAR</b>	FT-HAND COI
	28%		47	58	69	80	6	101	112	123	134	145	132	155	LENT AIR DEF	TH IN THE LE
	27%		46	56	67	56	89	100	110	121	132	143	138	162	EQUIVA	DEF
	26%		44	55	66	76	87	98	108	119	130	141	145	170		
	Percent 02	EAD fsw	40	50	60	70	80	06	100	110	120	130	MOD/1.4 ata	MOD/1.6 ata		

						Edi	<mark>uivalent Ai</mark>	<mark>r Depth (ir</mark>	msw)						
Percent 02	26%	27%	28%	29%	30%	31%	32%	33%	34%	35%	36%	37%	38%	39%	40%
EAD msw															
12	13	13	14	14	14	15	15	16	16	16	17	17	18	18	19
15	16	17	17	17	18	18	19	19	20	20	20	21	21	22	22
18	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26
21	23	23	24	24	25	25	26	28	27	27	28	28	29	30	30
24	26	26	27	27	28	28	29	30	30	31	32	32			
27	29	30	30	31	31	32	33	33	34	35			1		
30	32	33	33	34	35	35	36	37	37		1				
33	36	36	37	37	38	39	39	40		1					
36	39	39	40	41	41				I						
40	43	44	44	45											
MOD/1.4 ata	43	41	40	38	36	35	33	36	31	30	28	27	26	25	25
MOD/1.6 ata	51	49	47	45	43	41	40	38	37	35	34	33	32	31	30
		EQUIV	ALENT AIR DE	EPTH FOR VAF	<b>KIOUS NITRO</b>	X MIXES. A DI	<u>VER DIVING L</u>	JP TO THE DEI	I NMOHS HTe	N THE CORRE	CT EANX CO	-UMN WOULF	) USE THE		
		DE	EPTH IN THE L	EFT-HAND CC	DLUMN OF TH	E SAME ROW	/ WITH AN AIR	DIVE TABLE.	SHADED ARE	4S HAVE A PO:	2 BETWEEN	1.4 ATA AND 1	.6 ATA.		



# 22 EAN<sub>32</sub> DIVE PLANNING WORKSHEET

use with 32% oxygen-enriched air only



ADT — Actual Dive Time — The time from the moment of descent until arriving at safety stop.

AMDT — Adjusted Maximum Dive Time — (for a repetitive dive.) The no-stop time limit for a repetitive dive, minus the RNT.

BT — Bottom Time — Time from the moment of descent to beginning of ascent.

Letter Group — A letter symbol for the Residual Nitrogen Remaining in the body from a previous dive. Place in circle.

MDT — Maximum Dive Time — Maximum dive time allowed without requiring a decompression stop.

Oxygen Exposure Limit — Maximum time on a single dive that the diver can be exposed to a certain partial pressure of oxygen.

PO<sub>2</sub> — Partial Pressure of Oxygen — It is recommended that this be kept below 1.4 atm (atmospheres). Repetitive Dive — Any dive made within 24 hours of a previous dive.

**RNT** — **Residual Nitrogen Time** — The time to be considered in planning a repetitive dive due to nitrogen remaining in the body from previous dives within the last 24 hours.

Safety Stop — A 3- to 5-minute stop at 5 msw (15 fsw). Strongly recommended for all no-stop dives.

SIT — Surface Interval Time — The time spent at the surface between dives.

TNT — Total Nitrogen Time — The sum of the RNT and ADT. This figure is used to obtain a letter group on Table 1 for a repetitive dive.

#35502-32 (Rev. 07/2019) Revi

### Remember

- Consider all dives made shallower than 6 msw (20 fsw) as 6-msw (20-fsw) dives.
- Ascend no faster than 9 msw (30 fsw) per minute (1 fsw every 2 seconds).
- \*\*RNT Exception Rule: Any repetitive dives to 9 msw (30 fsw) or shallower should be summed and calculated as a single dive for accurate inert gas loading information.

# PO2 atm Minutes 1.60 45 45 42

1.50	120
1.45	135
1.40	150
1.35	165
1.30	180
1.25	195
1.20	210



NAUI INCIDENT REPORT FORM

Time of report:AMPM									
Time of injury: AM PM									
_ Location of incident:									
Snow Windy Ice									
Name of person rendering treatment:									
SON:									
mbulance Medical Evacuation Helicopter									
e injured person's own words:									



Name:					
Date of Birth:		(Month)	(Day)		(Year)
Address:	(Street)	(City)	(State)	(Zip)	(Country)
Phone Number:	· · ·		Cell Number:		
E-Mail:					
Health Insurance:	□ Yes	🗌 No			
Witness Informatio	n (uso sona	arate nages fo	ar statements).		
	n (use sepe	i ale pages io	n statements).		
1. Name.					
Date of Birth:	(Mo	onth)	(Day)		(Year)
Address:					
	(Street)	(City)	(State)	(Zip)	(Country)
Phone Number:		······	Cell Number:		
E-Mail:					
2. Name:					
Date of Birth:		(Month)	(Day)		(Year)
Address:	(Street)	(City)	(State)	(Zip)	(Country)
Phone Number:			_Cell Number:		· · ··
E-Mail:					



# NAUI INCIDENT REPORT FORM

# Person Completing Form:

Name:					
Date of Birth:	(Month)		(Day)		(Year)
Address:	(City)	(State	·	(7in)	(Country)
Phone Number:	(City)	Cell Number:		(ZIP)	(country)
E-Mail:					
Supplemental Information:		[] Yes	No No		
Witness Statements Taken:		Yes	No		
Photographs of incident scene	e taken:	Yes	No		
Diagram of incident scene pro	epared:	Yes	No		
Equipment Involved in Incider	nt:	Yes	No		
Identify Equipment involved:					
Nome of Iniune d Damaan			Ciare a train		
Name of injured Person			Signatur	e	
Name of Person Completing F	orm		Signatur	е	